

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

20 F Street NW

☐Check if different
than previously
reported. (ACC)

#310A

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2010

in the
State of

0

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Scot Glasberg

Signature of Treasurer

Electronically Filed by Scot Glasberg

Date

12

08

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 31

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	97617.46
(b) Cash on Hand at Beginning of Reporting Period	25696.03	
(c) Total Receipts (from Line 19)	25996.67	161154.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51692.70	258771.47
7. Total Disbursements (from Line 31)	36442.77	243521.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15249.93	15249.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 31

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19766.67	133459.84
(ii) Unitemized	3730.00	22694.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23496.67	156154.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23496.67	156154.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25996.67	161154.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25996.67	161154.01

DETAILED SUMMARY PAGE

of Disbursements

5 / 31

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	442.77	3521.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	442.77	3521.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	240000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36442.77	243521.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36442.77	243521.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 31

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23496.67	156154.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23496.67	156154.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	442.77	3521.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	442.77	3521.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Robert Louis Adams, MD

Mailing Address Suite 100

80 Humphrey's Center Drive

City

Memphis

State

TN

Zip Code

38120-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: DA7C030A3A318EDCCA1

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Hilton C Adler, MD

Mailing Address 179 N Belle Mead Ave

Ste 1

City

East Setauket

State

NY

Zip Code

11733-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 3F2F8A427AF829F7F0E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert G. G Anderson, MD

Mailing Address 800 12th Ave

Ste 100

City

Fort Worth

State

TX

Zip Code

76104-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Fort Worth Plastic Su-
rgery Center

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 5BF4692471048A6A102

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Gregory A Antoine, MD

Mailing Address 720 Harrison Ave
Ste 9600

City State Zip Code
Boston MA 02118-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 2D0D486141D337B0089

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joseph C Banis, MD

Mailing Address 901 Dupont Rd
Ste 202

City State Zip Code
Louisville KY 40207-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 7F9ABDAB0D36D1FA24D

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Semira Bayati, MD

Mailing Address 20311 SW Birch St
Ste 200

City State Zip Code
Newport Beach CA 92660-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 654D19B947273AF1962

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Jennifer E Boll

Mailing Address 1520 S Dobson Rd
Ste 314

City State Zip Code
Mesa AZ 85202-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 5B79823743D86101117

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Stephen D Bresnick, MD

Mailing Address 16633 Ventura Blvd
Ste 110

City State Zip Code
Encino CA 91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: BCBDFFEE5507B571C4C5

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Johnny S Chung, MD

Mailing Address 250 Cetronia Rd
Ste 301

City State Zip Code
Allentown PA 18104-9168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 1F38D44B136B62EB3C2

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

766.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Clifford P Clark, MD

Mailing Address 701 W Morse Blvd

City

Winter Park

State

FL

Zip Code

32789-3794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: E5DAACFC59D507FC9C9

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Melissa A Crosby, MD

Mailing Address 1400 Holcombe Blvd
Unit 443

City

Houston

State

TX

Zip Code

77030-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9CC3412686B9294F2C1

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James R Cullington, MD

Mailing Address 1400 N Interstate 35
Ste 320

City

Austin

State

TX

Zip Code

78701-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 167D59CB64594D4B95B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)
Tue Dinh

Mailing Address 6560 Fannin St
Suite 800

City State Zip Code
Houston TX 77030-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 41CED315639B6C531A6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Richard C Flaherty, MD

Mailing Address 244 Western Ave

City State Zip Code
South Portland ME 04106-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 18B301324A959AD55EC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mark Grevious, MD

Mailing Address PO Box 5138

City State Zip Code
Lansing IL 60438-5138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 4FF526394EDEA2DB6CB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 12 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Roxanne J Guy, MD

Mailing Address 111 E Hibiscus Blvd

City

Melbourne

State

FL

Zip Code

32901-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 71EB38D3276F143B017

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph Paul Hunstad, MD

Mailing Address 8605 Cliff Cameron Dr
Ste 100

City

Charlotte

State

NC

Zip Code

28269-0015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 59A6EA0A52C16D89DBB

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Donald R Jasper, MD

Mailing Address 95 Scripps Dr

City

Sacramento

State

CA

Zip Code

95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plastic Surgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 4EA225FB17AFCC14305

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Loree K. Kalliainen, MD

Mailing Address 640 Jackson St
Mail Stop 11503 B

City State Zip Code
Saint Paul MN 55101-2595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regions Hospital Plastic/-
Hand Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 409233B948BB5A12C4A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven M Katz, MD

Mailing Address 107 Woodbury Rd

City State Zip Code
Huntington NY 11743-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 00446F51DFC490B875E

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Andrew Y Kleinman, MD

Mailing Address 800 Westchester Ave
Ste S512

City State Zip Code
Rye Brook NY 10573-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: F5E96A06089B146911D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Brian Kobienia, MD

Mailing Address 7450 France Ave S
Ste 220

City State Zip Code
Edina MN 55435-4792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 8B4A34504B20C0B940F

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mitchel D Krieger, MD

Mailing Address 3700 Joseph Siewick Dr
Ste 301

City State Zip Code
Fairfax VA 22033-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 4C4D0CA2EAA05C4BF7A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Hakan M Kutlu, MD

Mailing Address 95 Madison Ave
Ste 415

City State Zip Code
Morristown NJ 07960-7336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 09621FAFE8A22838552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

David L Larson, MD

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City State Zip Code
Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Wisconsin

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 263B72EDE924E68C441

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Matthew Lynch, MD

Mailing Address 300B Princeton Hightstown Rd
Ste 101

City State Zip Code
East Windsor NJ 08520-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: FDC2113DD51F0F9D398

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Carl H Manstein, MD

Mailing Address 821 Huntingdon Pike
Ste 120

City State Zip Code
Huntingdon Valley PA 19006-8368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: C0D305BB7F46FC243D5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Rosendo E Martinez, MD

Mailing Address 2225 Ponce Byp
Ste 401

City State Zip Code
Ponce PR 00717-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 1F7D6A5895698AA1F6B

Amount of Each Receipt this Period

730.00

B.

Full Name (Last, First, Middle Initial)

Sarah A Mess, MD

Mailing Address 10700 Charter Dr
Ste 330

City State Zip Code
Columbia MD 21044-3695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: DC13837674EB8ABE1DD

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Timothy A Miller, MD

Mailing Address Suite 465
200 Ucla Medical Plaza

City State Zip Code
Los Angeles CA 90095-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 7ADFA23C72CACEB8614

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Paul B Mills, MD

Mailing Address 145 Saint Peters Centre Blvd

City

Saint Peters

State

MO

Zip Code

63376-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Plastic Surge-
ry

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: FA98B4AEDFF0CD2229E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Talal A Munasifi, MD

Mailing Address 1635 N George Mason Dr
Ste 380

City

Arlington

State

VA

Zip Code

22205-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 9F82BAE90A634F68E0E

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Martin I Newman, MD

Mailing Address Department of Plastic Surgery

City

Weston

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Florida

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 619882F3FF0FDB6F80D

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Morgan E Norris, MD

Mailing Address 6400 Fannin St
Ste 2130

City State Zip Code
Houston TX 77030-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: D47FA2D6A65F8475A82

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Walter J Okunski, MD

Mailing Address 1234 S Cedar Crest Blvd
Ste 301

City State Zip Code
Allentown PA 18103-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 4D0C51DDA34837DB038

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Richard R Orr, MD

Mailing Address 3700 Bellemeade Ave
Medical Arts Building, Suite 112

City State Zip Code
Evansville IN 47714-0102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: D55B73C01220F86E7D0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Manuel M Pena, MD

Mailing Address 6370 Pine Ridge Rd
Ste 101

City State Zip Code
Naples FL 34119-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: DFB49A3ACDC1A1928C5

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Marjorie A Reid, MD

Mailing Address 560 Northern Blvd
Ste 202B

City State Zip Code
Great Neck NY 11021-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 5362B2C63E2ED42B3E2

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Malcolm Z Roth, MD

Mailing Address 925 49th St

City State Zip Code
Brooklyn NY 11219-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maimonides Medical Center

Occupation
Director, Division o

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 77E7AD5B9ED135B6A6E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Petra R Schneider-Redden, MD

Mailing Address 421 S 28th Ave
Ste 110

City State Zip Code
Hattiesburg MS 39401-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 012403B6D0520771868

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peter L Schwartz, MD

Mailing Address 143 Froehlich Farm Blvd

City State Zip Code
Woodbury NY 11797-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 73A1906FAB1A0595971

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Charles T Slack, MD

Mailing Address Suite 370
1105 Central Expressway

City State Zip Code
Allen TX 75013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 05790ED0852DF4CF777

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Rick J Smith, MD

Mailing Address 1504 E. GRAND RIVER AVE

City State Zip Code
EAST LANSING MI 48823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 88A30DF5-FE28-42B5-

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Craig Staebel, MD

Mailing Address 950 W University Ave
 Ste 207

City State Zip Code
Georgetown TX 78626-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 2682DBB4C090409E89F

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Thomas P Sterry, MD

Mailing Address 895 Park Ave
 Ste 1B

City State Zip Code
New York NY 10075-0327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 2D8CE2C338588164200

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

John P Stratis, MD

Mailing Address 2005 Technology Pkwy
Ste 440

City State Zip Code
Mechanicsburg PA 17050-9497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 1A202D3F8558FB6DF69

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Louis L Strock, MD

Mailing Address 800 8th Ave
Ste 606

City State Zip Code
Fort Worth TX 76104-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: FEA564CBA55F1E249D3

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Gregory M Swank, MD

Mailing Address 1771 Tate Blvd SE
Ste 202

City State Zip Code
Hickory NC 28602-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Plastic Surgery &
Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 5254B7610946C433EDC

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Kevin Tehrani, MD

Mailing Address 560 Northern Blvd
Ste 109

City State Zip Code
Great Neck NY 11021-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: BDB3518A9F135BA752D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin Tehrani, MD

Mailing Address 560 Northern Blvd
Ste 109

City State Zip Code
Great Neck NY 11021-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: E890DEFB35BEB5AF818

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Louise Turkula, MD

Mailing Address 400 Leaf St

City State Zip Code
Long Lake MN 55356-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A5743E7F2B2331F168C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Jerome S Weiskopf, MD

Mailing Address 6533 Lexus Dr

City

Rockford

State

IL

Zip Code

61108-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 82539CD25CDBCD2710C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gregory P Wittpenn, MD

Mailing Address 2316 Carole St

City

Nacogdoches

State

TX

Zip Code

75965-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Horizons Plastic Surg-
ery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 47D842A7-4A05-4EC5-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lester J Yen, MD

Mailing Address 5950 University Ave
Ste 120

City

West Des Moines

State

IA

Zip Code

50266-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Iowa Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: E9ECF7DA4EB8572D8FF

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Hani Zeini

Mailing Address 6769 Hollister Ave

City

Santa Barbara

State

CA

Zip Code

93117-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: 9948F28726A5D3B2A93

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James E Zins, MD

Mailing Address

9500 Euclid Avenue, Desk A60

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
onOccupation
Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 4D44EF7758A251502C0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

19766.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address PO Box 133

City

Wilmington

State

DE

Zip Code

19899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: DBA4DEECF7AF811C6B0

Amount of Each Receipt this Period

2500.00

Campaign Returned Check

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D2722DB895559211740

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2010

Amount of Each Disbursement this Period

442.77

SUBTOTAL of Disbursements This Page (optional)

442.77

TOTAL This Period (last page this line number only)

442.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 520 Capitol Mall Suite 220

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2010 General

Candidate Name
Carly Fiorina

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 83559FA4EFD4B86A9D5

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2010 General

Candidate Name
Joseph Heck, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: 575DF6212EC9F920ACF

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Kelly Ayotte

Mailing Address PO Box 233

City Nashua State NH Zip Code 03061

Purpose of Disbursement
2010 General

Candidate Name
Kelly A. Ayotte

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: BDCAB79409562D9FC42

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Friends of Nan Hayworth	Transaction ID: 83E4F71DE5A15FFA1AA Date of Disbursement																				
Mailing Address 51 Gleneida Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
City Carmel State NY Zip Code 10512	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Nan S. Hayworth	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 7A360706CB52FD5F822 Date of Disbursement																				
Mailing Address PO Box 12667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Kevin McCarthy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mike Pence Committee	Transaction ID: 2C01C945387905F02A2 Date of Disbursement																				
Mailing Address PO Box 408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mike Pence	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>12000.00</td> </tr> </table>	12000.00																			
12000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Raese for Senate Committee

Mailing Address PO Box 262

City
MorgantownState
WVZip Code
26507Purpose of Disbursement
2010 GeneralCandidate Name
John R. Raese011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District:

Transaction ID: E380B2E9E163DCF8C6F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ron Johnson for Senate Inc

Mailing Address 601 Oregon Street Suite A

City
OshkoshState
WIZip Code
54902Purpose of Disbursement
2010 GeneralCandidate Name
Ronald H. Johnson011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District:

Transaction ID: 100884B6DA54938351F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rossi for Senate

Mailing Address PO Box 50713

City
BellevueState
WAZip Code
98015Purpose of Disbursement
2010 GeneralCandidate Name
Dino Rossi011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 168CC5DFB92AEC7FAAB

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Sandy Adams for Congress	Transaction ID: 827599D744A860A4606 Date of Disbursement
Mailing Address PO Box 1566	<div> <div>10</div> <div>21</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Sandra Adams Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>2000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Stivers for Congress	Transaction ID: 7C6A1E7E3755D829210 Date of Disbursement
Mailing Address 4679 Winterset Drive	<div> <div>10</div> <div>27</div> <div>2010</div> </div>
City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Steve Stivers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>2500.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Upton for All of Us	Transaction ID: D04AEA7FE2D27D6A86D Date of Disbursement
Mailing Address PO Box 490	<div> <div>10</div> <div>21</div> <div>2010</div> </div>
City St. Joseph State MI Zip Code 49085	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Fredrick Stephen Upton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>3000.00</div> <div>011</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<div>7500.00</div>
TOTAL This Period (last page this line number only)	<div>36000.00</div>